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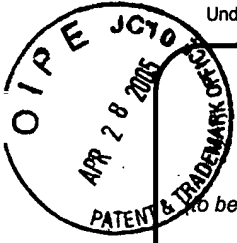
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# TRANSMITTAL FORM

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<b>TRANSMITTAL FORM</b>		<b>Application Number</b>	10/751,289
		<b>Filing Date</b>	January 2, 2004
		<b>First Named Inventor</b>	Syed F.A. Hossainy
		<b>Group Art Unit</b>	1615
		<b>Examiner Name</b>	Casey S. Rosenthal
<b>Total Number of Pages in This Submission (excluding references)</b>	8	<b>Attorney Docket Number</b>	50623.363

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Fee Transmittal <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Postage Paid Postcard <input type="checkbox"/> Information Disclosure Statement (in duplicate) (2 pages) with Form PTO-1449 citing 5 References <input type="checkbox"/> Request for Corrected Notice of Recordation <input type="checkbox"/> Recordation Form Cover Sheet <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) Response to Restriction Requirement
<div style="border: 1px solid black; padding: 5px;">Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	Squire, Sanders & Dempsey L.P. Bernard F. Rose, Reg. No. 42,112		
<b>Signature</b>			
<b>Date</b>	April 28, 2005		

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: April 28, 2005			
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